



Town of Whitestown
Department of Building and Planning
6210 Veterans Dr
Whitestown, Indiana 46075

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COMMERCIAL/INDUSTRIAL BUILDING: DEMOLITION

PERMIT APPLICATION PACKET

This packet includes details for the documents needed to complete the application process for demolition of a new commercial or industrial building.

- Submit application and materials either by
 - **E-mail:** lbailey@whitestown.in.gov ----Please merge all documents and materials into one single PDF attachment in the order of the submittal checklist (Page 2).
 - **In person:** See Lauren Bailey in the Building and Planning Department at 6210 Veterans Dr. Whitestown, IN
 - **Mail:** Send application and materials to the Building and Planning Department at 6210 Veterans Dr. Whitestown, IN
- Applications whose plans are larger than 11"x17" must be submitted entirely in electronic format (email, CD, or jump drive).

A complete application includes:

- Application
- Notice of Demolition
- Utility Review sheet
- Health Department Review sheet
- Site Plan

SUBMITTAL CHECKLIST

_____ **Application:** Fill out all applicable fields completely.

_____ **Parcel Number:** Visit the Boone County GIS website www.boonecounty.in.gov for this 10-digit ID number. Click "GIS">"AGREE">Search by address or zoom in on the parcel to obtain the detailed information.

_____ **Site Plans:** Drawn to scale, exactly where proposed structure is located.

_____ **Notice of Demolition:** Circulated and signed

_____ **Health Department Review:** Contact Boone County Health Department, 116 W. Washington St, Suite B102, Lebanon, IN 46052, 765-483-4458. ginman@co.boone.in.us Signed and approved review sheet.

_____ **Utility Review:** Contact Whitestown Utilities, 6210 Veterans Dr. Room 600, Whitestown, IN 46075. 317-733-8584. jlawson@whitestown.in.gov. Signed and approved review sheet.

PERMIT FEES AND OTHER FEES

Fees are not paid until the permit has been issued and is ready for pick up.

DEMOLITION

\$100 base fee

Failed inspections will be assessed a respective re-inspection fee and must be paid prior to the final inspection or issuance of the Certificate of Occupancy.

Beginning work without securing permits will be assessed a fine of **twice** the calculated permit fee. Fine must be paid before a permit will be issued.

- Questions about inspections or code requirements can be directed to the Whitestown Building Inspector at 317.769.0000

PERMIT APPLICATION

This application is being submitted for:

☐ Commercial/Industrial Demolition

For office use only

Permit Number: _____

Permit Fee: _____ EDC Fee: _____

Park Impact

Fee _____

Date Application is Submitted:	Driveway Permit:	Drainage Permit #:	Sewer/Water Permit #:
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Applicant and Contact Information

Name of applicant:	
Address of applicant (street, city, state, zip):	
Contact person for the permit:	
Contact phone:	Contact email:

Contractor and Contact Information

Name of contractor:	
Address of contractor (street, city, state, zip):	
Contact person:	Contact phone:

Location Information

Address of location to be improved (street, city, state, zip):		
Subdivision:	Section #:	Lot #:
Parcel number:		
TOTAL structure area or area of work (sqft):		
Living area:	Garage area:	Other:
Approximate total construction cost:		

The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understand this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

Signature of Applicant: _____

COMMERCIAL BUILDING: DEMOLITION UTILITY REVIEW

I have reviewed the following permit submittal and recognize the necessary inspections will be conducted prior to building demolition.

DATE

SIGNATURE

COMMERCIAL BUILDING: DEMOLITION HEALTH DEPARTMENT REVIEW

I have reviewed the following permit submittal and recognize the necessary inspections will be conducted prior to building demolition.

DATE

SIGNATURE